

MDH, Prevention and Health Promotion Administration
MADAP Advisory Board
 Minutes— March 14, 2018
 Approved April 10, 2019

Members Present: Jill A. Crank, RCNP, Kareem A. Karara, PharmD, Morris Thomas Murray, Robyn Palmeiro, LCSW-C, Neha Pandit, PharmD, AAHIVP, BCPS, Sarah Rives Gray, MPH, MS, FNP-BC, Douglas M. Rose, Jessica Rosen, MD, Robert A. Washington, PhD, Mdiv, Diane J. Young, RN, MS

Members Absent: Rebecca Brotemarkle, PhD, CDR Mathilda Fienkeng, PharmD, Daniel Hendricks, Jeanne C. Keruly, CRNP

Staff Present: Jeffrey Hitt, M.Ed., Onyeka Anaedozie, MPH, CPH, Mary Bahr, MGA, Brandy L. Jones

Guests Present: none

Recorder: Brandy L. Jones

Topic/ Issue Open Session	Discussion	Decisions/Post Meeting Updates
1. Welcome and Introductions	The meeting was called to order by the Bureau Director, Jeffrey Hitt at 4:11 p.m. with a voting quorum present. Mr. Jeffrey Hitt welcomed members and introductions were made around the room and by members who called into the meeting.	
2. Approval of the Minutes	Mr. Jeffrey Hitt asked the Board to review the September 13, 2018 minutes for any changes and/or corrections. There were no comments.	Motion by Diane Young with Second by Morris T. Murray to approve the minutes as submitted. All were in favor. Motion passed.
3. MADAP Updates	<p>Ms. Mary Bahr, Center Chief for MADAP, provided the following updates:</p> <p>A total of 107 Therapeutic Classification Codes have been added to the MADAP Formulary with 20 more classifications in process to be added by the Point of Sale (POS) vendor. The order of added classes are based on denial data and advise provided to the Center Chief by MADAP's Clinical Pharmacist and Clinical Advisor.</p> <p>MADAP sent an update of the additional class codes to MADAP's case manager network. The pharmacies are receiving updates on the expansion and were advised to bill MADAP for all MADAP clients' drugs each month.</p> <p>Members asked MADAP to do more education targeting the pharmacies and clients. Mr. Jeffrey Hitt and Ms. Mary Bahr agreed and responded that more communications will be developed and disseminated.</p>	

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	<p>A board member asked how many drug class codes are there left to add to the formulary. Ms. Mary Bahr estimated that there are over 200 more classifications to add to the MADAP Formulary.</p> <p>A member asked about including over the counter drugs on the MADAP Formulary. Ms. Mary Bahr replied that she would look into OTC prescribed drug availability.</p> <p>The cost of expanding the MADAP Formulary has not been material to-date and MADAP will continue to monitor expenditures on a quarterly basis. The key factors supporting low additional costs reflects that most drugs MADAP clients need for various medical conditions were already on the formulary and 89% of clients are insured with MADAP only paying co-pays, deductibles and co-insurance.</p> <p>For the non-HIV/Hepatitis drug cost analysis, Ms. Mary Bahr did back out costs related to Daraprim utilization. This drug has been on the MADAP formulary prior to expansion and even though rebates are received, the high initial cost skewed the analysis. A member asked how does the rebate system work. Ms. Mary Bahr explained that MADAP, as a 340B entity, receives rebates on all drugs, inclusive of all added classifications. Prior to paying rebates, some manufacturers of the added drugs have called MADAP to verify the program's identity and 340B entity status. Drugs that are not rebated by the manufacturer generally are not included on Medicaid's formulary – which MADAP is expanding to mirror. But there can be exceptions to Medicaid's rule where MADAP can have a drug on the MADAP Formulary that is not rebated by the manufacturer.</p> <p>A member asked if there is any consideration to add narcotics to the formulary. Ms. Mary Bahr responded that narcotics would not be added until MADAP can link to and be supported by Medicaid's narcotics doses monitoring and prior authorization system. This linkage may be available to MADAP in a few years.</p> <p>Another question a member asked was what the impact would be to the MADAP formulary when Medicaid adds or removes drugs. Drugs added or removed by Medicaid would be simultaneously added to or removed from the MADAP formulary within the classifications added to the MADAP Formulary. MADAP can also add drugs to the MADAP formulary if the drug is not on Medicaid's formulary.</p> <p>When an insurance company removes a drug from the company's formulary, Mr. Jeffrey Hitt said that MADAP will not be greatly affected. As of January 1, 2019, an insurance carrier dropped a brand HIV drug from the company's formulary. As a</p>	<p><u>3-21-19 Update</u> from Ms. Mary Bahr - There are closer to 300 more classifications to add to the MADAP Formulary.</p> <p><u>3-25-19 Update</u> from Ms. Mary Bahr – Over the counter drugs (by prescription only) are included within the therapeutic classifications that the OTC may be used to address medical conditions. For example, Ibuprofen is included in therapeutic group S for Non-Narcotic Analgesics. OTC drugs are not a separate therapeutic class of drugs.</p>

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	<p>result, prescribers have switched most MADAP clients to the generic drug equivalent(s). When medically necessary for the client to remain on the brand drug, MADAP will pay in full for the drug.</p> <p>A member asked about the new Enrollment Application. Ms. Mary Bahr stated that MADAP staff is currently working with software developers to create an online application. Prior to going ‘live’ with the on-line system, MADAP will deploy the new Enrollment Application and Continuing Eligibility Verification process.</p> <p>Ms. Mary Bahr shared with the Board the percentage of clients virally suppressed (<200) over a five-year period. <u>2014 at 85.8%; 2015 at 87.2%; 2016 at 88.8%; 2017 at 89.2%; and, 2018 at 91.7%</u></p> <p>A member asked what the percentage of people that are virally suppressed. Mr. Jeffrey Hitt stated that the percentage is an estimate of 60%.</p>	<p><u>April 10, 2019 Update.</u> 54.7% of all the people estimated to be living with HIV infection are virally suppressed. 61.9% of all the people living with diagnosed HIV are virally suppressed. Resource: <i>Maryland Annual HIV Epidemiological Profile</i>, data reported through June 30, 2018.</p>
4. Other Business	<p>MADAP Regulations.</p> <p>Mr. Jeffrey Hitt informed the board members that since MADAP is switching to an open formulary, this will be the Advisory Board’s last meeting. Mr. Jeffrey Hitt continued that although this is the last meeting, MADAP and the Bureau will continue to keep everyone updated about MADAP. Mr. Jeffrey Hitt goes on to say that the Bureau has a state-wide HIV Planning Group that meets four times a year. Ms. Mary Bahr also reminded the members that MADAP has an ongoing Continued Quality Improvement Committee, in which she encourages the members to join.</p>	
5. Adjournment	<p>Following a motion for adjournment, the meeting was adjourned by Mr. Jeffrey Hitt at 4:44 p.m.</p>	<p>Motion by Douglas M. Rose, with Second by Morris T. Murray, to adjourn the meeting. All were in favor. Motion passed.</p>
Approval of March 14, 2019 Minutes	<p>On March 27, 2019, Ms. Bahr sent the March 14, 2019 draft meeting minutes to the MADAP Advisory Board members and requested approval of the minutes by April 1, 2019. Ms. Bahr conveyed that the first and second Board Member to respond with a yea vote would respectively be identified as the member making the motion to approve and the member who seconded the motion to approve. Each member was asked to reply to Ms. Bahr with a yea, nay or abstention. As of April 10, 2019, the motion to approve the March 14, 2019 meeting minutes was passed with 10 yea votes, 4 no responses.</p>	<p>Motion by Morris T. Murray with Second by Diane Young to approve the minutes as submitted. 10 in favor, no opposed, no abstentions, 4 members did not respond. Motion passed.</p>

Minutes submitted by: Brandy L. Jones
MADAP Advisory Board Meeting Minutes